



STOP Annual Report Form Victim Services

Contractor: _____
Contact Person: _____
Address: _____

E-mail Address: _____
Telephone Number: _____
Fax Number: _____
Contract Number: _____

Reporting Period: January 1 – December 31

Report Due Date: January 15

A. Indicate the number of victims served by your STOP funded project during this project period. *Each victim should be counted only once, i.e., a victim of a series of spouse abuse assaults should be counted more than once only as a result of separate and unrelated crimes.*

_____ Adults Molested as Children

_____ Stalking

_____ Domestic Violence

_____ Assault

_____ Women _____ Children

_____ Adult Sexual Assault

_____ Other (specify) _____

_____ Elder Abuse

_____ **Total number served by this STOP project.** *(Do not include total number of hotline calls.)*

_____ **Total number of hotline calls logged by the STOP project.** *(Please see instructions for definition of STOP project.)*

B. Indicate the number of victims served in the following categories.

_____ Child (must be in conjunction with services provided to the mother of the child)

_____ Elderly _____ Disabled/Handicapped _____ Native Americans _____ Minorities

C. Indicate the number of victims who received the following services through this STOP funded project.

Please see the instructions for definitions of each service.

_____ Crisis Counseling *(In Person)*

_____ Follow-up

_____ Therapy/Prof. Counseling

_____ Group Treatment/Support

_____ Shelter/Safe House

_____ Information/Referral *(In Person)*

_____ Criminal Justice Support/Advocacy

_____ Emergency Financial Assistance

_____ Emergency Legal Advocacy
(Orders of Protection)

_____ Assistance Filing Compensation Claims

_____ Personal Advocacy

_____ Telephone Contact
Information/Referral

_____ Crisis Hotline Calls

_____ Other (specify) _____

For the following sections, please provide as much information as possible. Attach additional sheets if necessary.

D. Complete the following information as it relates to any special training received by staff or volunteers through this STOP project.

[illegible]

E. Complete the following information as it relates to any special training or public awareness presentations provided by your agency through this STOP project.

[illegible]

- F. Describe efforts to promote coordinated efforts within the community to aid crime victims and address crimes targeting women. Include information regarding the meetings of formal task force units, committees, etc. Include any needs assessments, program evaluations, training efforts, new protocol, policies, procedures, etc.**
- G. Describe any notable activities conducted to improve the delivery of victim services. These activities need to be related specifically to the STOP funded project and/or coordination of the STOP project.**
- H. Describe any notable activities aimed at educating the community regarding crimes committed against women, public awareness, and/or prevention.**

I. Include and/or attach anecdotal information and individual case histories illustrating how STOP funds have been used to assist crime victims.

J. Identify any emerging issues or notable trends impacting crimes against women in your area.

Project Director

Date

Authorized Official

Date

STOP ANNUAL PERFORMANCE REPORT

Instructions – Definitions

Each agency receiving STOP funds is required to submit a STOP Annual Performance Report on the uses and affects these grant funds have had on addressing crimes committed against women. This report must be submitted by January 15, to the Missouri Department of Public Safety, P.O. Box 749, Jefferson City, MO 65102.

A **STOP project** refers to activities and services **supported by STOP funds plus the required match**. Except where indicated otherwise, the information in the STOP Annual Performance Report **must be based solely on STOP projects**, not the entire agency nor on non-STOP supported activities and services.

A. Provide the number of victims served by the STOP funded project during the reporting period. Indicate the number of victims served by type of victimization. If a victim was the subject of more than one type of crime (separate incidents), identify under each category of victimization.

NOTE: The data in this section is based upon the number of victims served by STOP projects during the reporting period. In this section, **each victim should be counted only once**, e.g., a victim of a series of spouse abuse assaults, for example, should be counted once. A person may be counted more than once only as a result of entirely separate and unrelated crimes.

B. Provide the number of victims served by the categories identified. If a victim falls under more than one category, identify under each applicable category, i.e., an elderly victim who is also a minority would be counted once under the "elderly" and once under the "minority" categories, etc.

C. Provide the number of victims receiving each type of service. Please be sure to only count services **provided by your agency** through the **STOP funded project**.

Crisis Counseling refers to in-person crisis intervention, emotional support and guidance and counseling provided by advocates, counselors, mental health professionals or peers. Such counseling may occur at the scene of the crime, immediately after a crime, or be provided on an ongoing basis.

Follow-up refers to in-person contacts, telephone contacts, and written communications with victims to offer emotional support, provide empathetic listening, check on a victim's progress, etc.

Therapy/Professional Counseling refers to intensive professional psychological/psychiatric treatment for individuals, couples, and family members related to counseling to provide emotional support in crises arising from the occurrence of crime. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.

Group Treatment refers to the coordination and provision of supportive group activities and includes self-help, peer, social support, etc.

Shelter/Safe House refers to providing short-term and long-term housing and related support services to victims and families following victimization. *(This does not include referral for such housing.)*

Information and Referral (in-person) refers to in-person contacts with victims during which time services and available support are identified.

Criminal Justice Support/Advocacy refers to support, assistance and advocacy provided to victims at any stage of the criminal justice process, to include post-sentencing services and support.

Emergency Financial Assistance refers to cash outlays for transportation, food, clothing, emergency housing, etc.

Emergency Legal Advocacy refers to filing temporary restraining orders and other protective orders, but **does not** include criminal prosecution or the employment of attorneys for non-emergency purposes, such as custody disputes, civil suits, etc.

Assistance in Filing Compensation Claims includes making victims aware of the availability of crime victim compensation, assisting the victim in completing the required forms, gathering the needed documentation, etc. It may also include follow-up contact with the victim compensation agency on behalf of the victim.

Personal Advocacy refers to assisting victims in securing rights, remedies, and services from other agencies; locating emergency financial assistance, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workman's compensation, unemployment benefits, welfare, etc; accompanying the victim to the hospital; etc.

Telephone Contact refers to telephone contacts with victims during which time services and available support are identified. This does not include calls during which counseling is the primary function of the telephone call, nor does it include crisis hotline calls.

Crisis Hotline Calls refers to the number of crisis hotline calls logged. Only include hotline calls if STOP funding is utilized to fund your hotline program.

Other refers to other STOP allowable services and activities not listed.

D. through J. - Please answer all questions noted in these sections. The Department of Public Safety will use this information to report to the legislature and/or Congress to justify the need for ongoing support.

Please Note: This Annual Performance Report must be

received by January 15th during the year immediately following the end of the contract period for the referenced contract. Failure to submit this Annual Performance Report by January 15th could result in the termination of any current funding awarded to this contractor.